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PATENT Case: OC01000KQ US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

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RYBAK ET AL.

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For:

MELANOMA THERAPY

Serial No.: 09/904,263

Filed: July 12, 2001

Examiner: A. HOLLERAN

Group Art Unit: 1642

Schering-Plough Corporation Kenilworth, New Jersey 07033-0530

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

DECLARATION UNDER 37 C.F.R. § 1.132 OF DAVID CUTLER, M.D., FRCPC.

I, Dr. David Cutler, declare and state as follows:

- 1. I earned an M.D. degree with honors from the University of Saskatchewan in 1982. I completed a rotating internship at North York General Hospital at the University of Toronto in 1983 and an Internal Medicine Residency at the Mayo Clinic in Rochester, Minnesota in 1986. From 1986 to 1988, I underwent Subspeciality Training in Endocrinology and Metabolism at the University of Toronto. I was a Research Fellow at the UCSD Medical Center in San Diego, California from 1988 to 1991. Attached is a copy of my *curriculum vitae* (Exhibit A).
- 2. Since 1996, I have been employed at Schering-Plough Corporation, the assignee of the present patent application. I am currently Senior Director, Early Clinical Research and Experimental Medicine. At Schering-Plough, I have

supervised clinical trials using Intron (an interferon alpha 2b) and PEG-INTRON (a pegylated interferon alpha 2b).

3. I am familiar with the January 29, 2003, May 20, 2003, and June 29, 2004 Office Actions issued in the above-identified application and with the arguments that have been made by Applicants in the Responses filed February 26, 2003, October 20, 2003 and March 22, 2004 in support of patentability of the pending claims.

I have reviewed the Declaration of Dr. Craig Tendler, which was filed in this application on October 20, 2003, and agree with the points made therein. I understand the Tendler Declaration opined that because pegylation of a given molecule changes both the molecular and pharmacokinetic properties of the molecule, the pegylated and unpegylated versions of the molecules should be considered to be two different drugs (Tendler Declaration ¶ 5). Therefore, using unpegylated interferon alpha to treat melanoma is not predictive of using pegylated interferon alpha to safely and efficaciously treat the disease (Tendler Declaration ¶4). Specifically, Dr. Tendler stated that the relationship of peak plasma levels (Cmax) to total drug exposure (AUC) is different for pegylated interferon alpha compared to that of unpegylated interferon alpha, and that administration of pegylated interferon alpha results in a decreased Cmax and an increased AUC as compared to native interferon (Tendler Declaration ¶6).

- 4. I am aware that in the Office Action dated June 29, 2004, the Examiner questions whether a decrease in peak plasma levels due to pegylation of interferon alpha is true for all forms of pegylated interferon alpha (Office Action p. 3).
- 5. I make this Declaration to supplement the submission of data that supports the conclusion that at the doses defined by the pending claims to treat melanoma, administration of PEG₁₂₀₀₀ Interferon alpha resulted in lower peak plasma levels of interferon alpha activity but prolonged total drug exposure as compared to administration of unconjugated interferon alpha.

6. Table 1, below, contains pharmacokinetic data indicating that at the doses used to treat melanoma in humans (25 MIU for Interferon alpha and 3 μg/kg for PEG₁₂₀₀₀-interferon alpha), the C_{max} is significantly lower when the pegylated version of interferon alpha was administered than when the unconjugated version was administered. Data presented below are plasma concentrations of bioactive interferon measured in a bioassay and reported as international units (IU/mL). These data are extracted from a multiple dose safety and tolerability study of several dose levels of PEG Intron and Intron A. Post hoc determination of the Cmax and AUC are presented. The data from the highest dose of PEG Intron, 2 μg/kg are normalized to a clinical dose of 3 μg/kg. Similarly, the date from the Intron A treatments at 3 MIU are normalized to a clinical dose of 25 MIU.

<u>Table 1.</u> Individual and <u>Mean Cmax</u>

| PEG 2 μg/kg Wk 4 | Intron 3 MIU Wk 4 |
|------------------|-------------------|
| 300 | 38 |
| 150 | 28 |
| 94 | 38 |
| 113 | 19 |
| 150 | 19 |
| 225 | 14 |
| | 47 |
| | 56 |
| | 23 |
| | 38 |
| | 94 |
| | 300 |
| | 75 |
| | 75 |
| 1 | 56 |
| i | 38 |
| Mean | Mean |
| 172 | 59.875 |
| Normalized Mean | Normalized Mean |
| 258 | 479 |

7. Table 2, below, contains data generated in the same study. This table shows that the total drug exposure (AUC) was higher in patients in which PEG₁₂₀₀₀ interferon alpha was administered compared to those in which comparable doses of native interferon alpha was administered. Data are again normalized to the clinical doses of 3 µg/kg for PEG Intron and to 25 MIU for Intron A. Data for PEG Intron are calculated to 7 days, while data for Intron are truncated at 48 hours.

<u>Table 2</u> Individual and Mean AUC

| PEG 2 μg/kg Wk 4 | Intron 3 MIU Wk 4 |
|------------------|-------------------|
| 1578 | 907 |
| 2230 | 541 |
| 8703 : | 1110 |
| 8006 | 353 |
| 9538 | 437 |
| 24468 | 242 |
| | 1584 |
| | 1295 |
| : | 711 |
| | 806 |
| i | 1594 |
| 1 | 3685 |
| : | 2452 |
| : | 1642 |
| | 2767 |
| | 1420 |
| Mean | Mean |
| 13116 | 1347 |
| Normalized Mean | Normalized Mean |
| 19673 | 11217 |

- 8. Therefore, I am of the opinion that at the doses used to treat melanoma, administration of PEG₁₂₀₀₀ interferon alpha resulted in lower peak plasma levels of interferon alpha activity but prolonged total drug exposure as compared to administration of unconjugated interferon alpha.
- 9. All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

Dec 22, 2004.

Date

David Cutler, M.D., FRCP(C)

Latest revision: 8/11/04

CURRICULUM VITAE

David Lawrence Cutler, M.D., FRCPC

CURRENT ADDRESS: Schering-Plough Research Institute

2015 Galloping Hill Road

Kenilworth, New Jersey 07033 Telephone: (908) 740-2194

Fax: (908) 740-2169

E-mail: david.cutler@spcorp.com

EDUCATION: 1988 - 1991 Research Fellow

UCSD Medical Center

San Diego, CA

Supervisor: Dr. O. Kolterman

1986 - 1988 Subspeciality Training in

Endocrinology and Metabolism

University of Toronto Toronto, Ontario

1983 - 1986 Internal Medicine Residency

Mayo Clinic Rochester, MN

1982 - 1983 Rotating Internship

North York General Hospital

University of Toronto Toronto, Ontario

1982 University of Saskatchewan

M.D., Magna Cum Laude

1976 University of Saskatchewan

Major: Microbiology

1975 University of Regina

LANGUAGES: English

HONORS AND AWARDS:

| 1979 | Graduate scholarship for academic excellence |
|------|---|
| 1978 | Graduate scholarship for academic excellence |
| 1977 | Graduate scholarship for academic excellence |
| 1976 | Undergraduate scholarship for academic excellence |
| 1975 | Undergraduate scholarship for academic excellence |

CURRENT LICENSURE/CERTIFICATION:

| 1991-Present | State of New Jersey - MA 57335 |
|--------------|--|
| 1987-Present | State of California - G062988 |
| 1983-1987 | State of Minnesota |
| 1982-Present | Ontario College of Physicians and Surgeons - 50315 |
| 1989 | Diplomate American Board of Endocrinology and Metabolism |
| 1988 | Fellow of the Royal College of Physicians and |
| | Surgeons of Canada F.R.C.P.(C) |
| 1986 | Diplomate American Board of Internal Medicine |
| 1985 | Diplomate National Board of Medical Examiners |
| 1983 | Licentiate Medical Council of Canada (L.M.C.C.) |

ACADEMIC/HOSPITAL APPOINTMENTS: None

COMMITTEES/SOCIETIES/PROFESSIONAL AFFILIATIONS::

| Fellow | Royal College of Physicians and Surgeons of Canada |
|------------|--|
| Member | American College of Physicians |
| Member | American Diabetes Association |
| Member | American Society for Clinical Pharmacology and Therapeutics |
| 1998-2002 | Reviewer - Annals of Pharmacotherapy |
| 1997-2002 | Member - Robert Wood Johnson Medical Center - Clinical Research Center Advisory Board |
| 3/88-6/88 | Chief endocrine resident St. Michael's Hospital, Toronto, Ontario, Canada |
| 7/87-12/87 | Chief endocrine resident Wellesley Hospital, Toronto, Ontario, Canada |
| 1/87-6/87 | Chief endocrine resident Toronto General Hospital, Toronto, Ontario, Canada |
| 7/86-12/86 | Chief endocrine resident Mount Sinai Hospital: Toronto, Ontario, Canada |

WORK EXPERIENCE:

| 2002-Present | Senior Director |
|--------------|-----------------|

Early Clinical Research and Experimental Medicine

Schering-Plough Research Institute

2001-2002 Senior Director

Clinical Pharmacology

Schering-Plough Research Institute

1998 - 2001 Director

Clinical Pharmacology

Schering-Plough Research Institute

1996 - 1998 Senior Clinical Research Physician

Clinical Pharmacology

Schering-Plough Research Institute

1994 - 1996 Senior Associate Director

Clinical Pharmacology

Schering-Plough Research Institute

1991 - 1994 Associate Director

Clinical Pharmacology

Schering-Plough Research Institute

PATENTS

5,908,621 - Polyethylene glycol modified interferon therapy

5,945,097 - Method for lowering cholesterol levels with Interleukin-10

6,096,757 - Method for treating proliferative diseases

6,117,074 - Polyethylene glycol modified interferon therapy

6,333,333 - Method for treating proliferative diseases

6,461,605 - B1- Continuous low-dose cytokine infusion therapy

6,524,570 - B1- Polyethylene Glycol Modified Interferon Therapy

PUBLICATIONS/PRESENTATIONS:

Presentations:

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- 2. Cutler, D.L., Park, S.W., Hanchett, C., Hickman, M., Bell, J., Gray, G., Kolterman, O.: Low carbohydrate diet does not cause insulin resistance in exercise-trained subjects. American Diabetes Association Annual Meeting, Atlanta, Georgia, 1990.
- 3. Park, S., Cutler, D., Crone, L., Bell, J., Verity, L., Kolterman, O.: Insulin and exercise interact synergistically to activate glycogen synthase. American Diabetes Association Annual Meeting, Atlanta, Georgia, 1990.
- Cutter, D.L., Kolterman, O.G., Hintz, R.L., Prince, M.J. Tumor associated hypoglycemia: IGF-I and II prohormone associated augmentation of glucose oxidation. Western Section AFCR, Carmel, CA, 1991.
- 5. Pajkrt, D., Cutler, D., Grint, P., Tiel, M., van Deventer, S.J.H. Recombinant human IL-10 (rhuIL-10) reduces cytokine release and granulocyte recruitment in lungs in human endotoxemia. 36th Interscience Conference of Antimicrobial Agents and Chemotherapy (ICAAC), September 15-18, 1996, New Orleans, Louisiana, (Abstract G32): 149, 1996.
- Haehner-Daniels, B.D., Cutler, D.L., Affrime, M.B., Gorski, J.C., Hall, S.D. The selective in vivo increase of cytochrome P450 2C8/9 activity by interleukin-10 (IL-10).
 99th American Society for Clinical Pharmacology and Therapeutics, March 30 - April 1, 1998, New Orleans, Louisiana.

Radwanski, E., Chakraborty, A., VanWart, S., Cutler, D.L., Affrime, M.B., Jusko, W.J.
 Pharmacokinetics and dynamics (cytokine suppression) of IV and SC recombinant human
 interleukin-10. 99th American Society for Clinical Pharmacology and Therapeutics,
 March 30 - April 1, 1998, New Orleans, Louisiana.

ABSTRACTS

- 1. Freidenberg, G., Jones, M., Hall, B., Cutler, D., Kaufmann, S.: A new syndrome of insulin resistance diabetes mellitus and mandibuloacral dysplasia. Clinical Research, 37(1), p192A, 1989.
- 2. Cutler, D.L., Park, S.W., Hanchett, C., Hickman, M., Bell, J., Gray, G., Kolterman, O.: Low carbohydrate diet does not cause insulin resistance in exercise-trained subjects. Diabetes, 39;Supp. (1), p.64A, 1990.
- 3. Park, D., Cutler, D., Crone, L., Bell, J., Verity, L., Kolterman, O.: Insulin and exercise interact synergistically to activate glycogen synthase. Diabetes, 39;Supp.(1), p13A, 1990.
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- 5. Freidenberg, G., Cutler, D.: Insulin resistance, diabetes mellitus and mandibuloacral dysplasia. Proc 71st Endocrine Society Abstract 150.
- Prince, M.J., Kolterman, O.G., Cutler, D.L.: Predominant augmentation of glucose oxidation in tumor associated hypoglycemia. Diabetes 40;(Supp 1):100A, 1991.
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- 8. Freidenberg, G., Kushari, J., Cutler, D.: A case of diabetes mellitus and insulin resistance: result of defects in the insulin receptor. Diabetes 40;(Supp 1):113A, 1991.
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- 36. Haehner-Daniels, B.D., Cutler, D.L., Affrime, M.B., Gorski, J.C., Hall, S.D. The Selective In Vivo Induction of Cytochrome P450 2C8/9 by Interleukin-10 (IL-10). Clinical Pharmacology and Therapeutics 63; 2:241, 1998.
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 Sci 1(1) Suppl. (Abstract 3806), 1998.
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- of O⁶-Alkylguanine-DNA Alkytransferase Activity (AGAT), A Mechanism of Resistance to Alkylators, with Protracted Low-Dose Oral Schedules of Temozolamide. Proceedings of ASCO 19:175,2000.
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 Clin. Pharm. Ther 69(2):55, 2001.
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- Canadian Association of Pharmaceutical Regulatory Affairs (CAPRA)/Drugs Directorate Symposium on Biotechnology Issues: Industry and Drugs Directorate Perspectives October 23-25, 1995; Ottawa, Ontario, Canada. Issues in Phase I Trials of Biologics.
- International Symposium on Treatments in Hepatology March 15-17, 1995; Barcelona, Spain. Pharmacology of Interferon.
- 3. American Society for Clinical Pharmacology and Therapeutics Rheumatology, Immunology and Inflammation Section Meeting March 6, 1997; San Diego, California. Pharmacology of rHuIL-10.
- 4th International Congress on The Immune Consequences of Trauma, Shock and Sepsis, March 4, 1997; Munich, Germany. Multiple-Dose Pharmacology of rHuIL-10.